TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH 1093 CERTIFICATE OF DEATH

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CERTI	ATE	DEA	TILL
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1. PLACE OF DEATH O. COUNTY Queen Anne MARYLAND 2.						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Kent						
1	b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	ls, write	c. LENGTH OF STA	Y IN Ib	c. CITY OR TOWN (If	autside corpo	orale limits, write	RURAL ond g	ive neare:	al town)	
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-	A NAME OF HOSPIT	TAL (If not in bounital of	ive street ac	ddress)		d. STREET ADDRESS			1. 34	e.	IS RESIL	DENCE
I OR INSTITUTION							on Av	e	1/+X	Project S	YES	NO X
3	NAME OF DECEASED (Type or print)	Antho		V.	le	Bell	4. DATE OF DEATH		onth	Doy		96 /
S	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARI	RIED K	DATE OF BIRTH		9. AGE (In year	IF UNDER	_		
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1	3. FATHER'S NAME					14. MOTHER'S MAIDEN						
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	Yes, no, or unknown)	R IN U. S. ARMED FOR	Impirms	OCIAL SECURITY N		ORMANT		Be	Tefor	it.e		
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	18. CAUSE OF DEA	ATH [Enter only one co	use per line	for (o), (b), and (c	1-]					INTERV	AND	WEEN
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	gave rise to i couse (o), stating	mmediate (· 0 0 i		6					-	
	lying couse last.	(c)	Police	el.	1 clever						
1 8	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION G	IVEN IN PART	1(0) 19	WAS A	UTOPSY
1	3		9	meel	Q1	elrenia						NO A
	(IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b OESCR	RIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port for Pa	rt II of item 1B.)				
- LEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	Not while	20a. PLAC focto	E OF INJURY (Home, fari iry, street, office bldg., et	m, 20f. (Cit	y or town)	(C	aunty)		(Stote)
		at (I) (this haspital) ottende	/ .	1	29 15	59. to_	Jan 3	196			
	saw the deceas	sed drive on	21 20	19/2 f an	a mariae	oth occurred of 12	ant, from	the causes of	ind on the	dote 5	_	.DATE
	1	(VIT	Ufel	calle	М	D. PHYS.	AED. DIRECTOR	STAFF PHYS.		1/31	/61	SIGNED
	22c: PHYSICIAN'S NAME (Type)	С. Н. М	etcal	f		Sudler	svill	e, Md.				
2	30. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	2/2/61		23c. NAME OF CE.			23d. LOCA	Cheste		, M	(State)
2	4. FUNERAL DIRECTOR		Joll	ADDRESS Chest	ertov	n, Md. DATE	D BY REGIS		Irthun S.		4	

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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
orion,			1094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(108;
should	(MA)	1.	LACE OF DEATH . COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before g. STATE M. 2 - 6 b. COUNTY	odmission)
Page burial,	IVI	8	CITY OR TOWN (if outside corporate limits, write RURAL and give near one of the control of the c	rest town)
rior ta	V	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
eral d bur fil strar p	Λ	1	NAME OF First Middle Last 4. DATE Manth Day DECEASED	Year D
he fund		5. \$	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	UNDER 24 HRS.
d 3 to t retained		10a	USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	OURS Min.
2, and			FATHER'S NAME	X
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rm PM3.	(I)		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDIATE CAUSE (a)	BETWEEN ND DEATH
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pencil along burial			gave rise to immediate cause (a), stating the underlying cause last.	
ding" in sed as a	Pho	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	PERFORMED?
2 2 2	U	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	<u> </u>
he word cal Exam 3 should		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, fociary, street, office bldg., etc.) while at work of work	(Stole)
riting the ef Media t: Page		2	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection Inquiry	and find that
he Chi	1		death resulted fram: Natural causes, Accident , Suicide , Hamicide , Undetermined cause .	ATE SIGNED
AL DIR	Noi.		SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO THE MEDICA	2719
3 5 5 4	DAOE DA	220	NAME (Type) DEPUTY MEDICAL EXAMINER BURIAL CREMATION, [22b, DATE THEREOF 12c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Igwe, or COURT)	(State)
5 - 5	69	23.	REMOVAL (Specify) SON, 10 CHURCH HILL CHURCH HILL UNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS A 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MD.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1095

CERTIFICATE OF DEATH

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-	leg.	Dist.	No.	1	11	0	1

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lest brithday) 7. IN ORDINARY 10. DIVORCED February 7, 1905 55 yrs. 15 UNDER 1 FEAR 1	n)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1. NAME OF FIRST DECEASED (Type or print) S. SEX OR COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE ON A 1 NOTICE (In years) S. SEX OR COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE WIDOWED DIVORCED February 7, 1905 ON A 1 ON A 1 S. SEX OR COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE WIDOWED DIVORCED February 7, 1905 ON A 1 ON A 1 ON A 2 ON A 3 ON A 1 ON A 2 ON A 3 ON A 3 ON A 3 ON A 4 ON A 3 ON A 4 ON B 1 ON A 4 ON B 2 ON CHARANT ON A 3 ON A 4 ON A 4 ON A 4 ON B 3 ON A 4 ON B 5 ON B 7 ON BRITH ON BRITH BLOCK (In years) In User A 1 ON BRITH ON BR	
3. NAME OF DECEASED. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACE (In year) FUNDER 1YEAR IF UNDER OUTSITE OF BOTH 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. CAUSE OF DEATH 15. SOCIAL SECURITY NO. INFORMANT NOTIFICATION (If yes, give word of date of service) NOTIFICATION (C.) 15. CAUSE OF DEATH	
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Female White WIDOWED DIVORCED February 7, 1905 55 yrs. Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done during mast at working life, even if retired) Housewife Home Md. 11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY HOUSEWIFE IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. INFORMANT Address WILLIAM G. Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. INFORMANT Address William G. Jackson 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under lying couse lost. OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFORM YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	61
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Housewife 11a. Mother's Malden Name William G. Jackson 15b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 16b. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS ATTEMN OR CONTRIBUTING TO THE TERMINAL DI	24 HRS. Min.
during most at working life, even if retired) HOUSEWIFE HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or date of service) ADNE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AI PERFOR YES 20a. ACCIDENT WAS UNDERLYING TO AUGUST OF DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AI PERFOR YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer noture of injury in Port 1 or Port II of item 18.)	HINTEYT
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18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOR YES OR CONTRIBUTING TO ALLIANCE. OC. CONTRIBUTING TO GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERFYING TO ALLIANCE. 201. CENTRE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. 201. CENTRE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. 202. ACCIDENT WAS UNDERFY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. 203. ACCIDENT WAS UNDERFY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. 204. ACCIDENT WAS UNDERFY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ALLIANCE. 205. ACCIDENT WAS UNDERFY TO THE TERMINAL DISEASE CONDITION	
(If yes, gives well or dates of service) Wr. J. Omer Clow, Sudlersville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES ON CONTRIBUTING TO ALLIANCE (Enter nature of injury in Port I or Port II of item 18.)	
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	. (
20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED Hour o. m. p. m. Year 20d. INJURY OCCURRED While of work of	(Stale)
21. I certify that I attended the deceased fram, and 1960, to 1 and 25, 1861, that I last saw the de	ceased
alive an	
	SIGNED
ACTUAL (a) (A) (1) (a) (1)	11
SIGNATURE M.O. Just WHY Telly Wife 129	[Le_f
PHYSICIAN'S C.H. Metcalfe Sudlersville, Md.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)	
REMOVAL (Specify) Burial Tan. 28.1961 Sudlersville Cemetery Sudlersville Md.	
23 FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Edward Fellows. Mellinston, Ika DATEJAN 30'61 Carling & thous	

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37	1096	CERTIFICA	ATE OF DEATH		Reg. Dist. N	.1083
1	1. PLACE OF DEATH o. COUNTY Queen Anne	MARYLAND	2. USUAL RESIDENCE (When	d b. C	COUNTRY &	efore odmission) Anne
VI)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) NEAR BUGLERS VILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF au	tside carporate limits,		nearest fown)
X	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	TELBATTI	.6	e. IS RESIDENCE ON A FARM?
	Pro des des des part		· · · · · · · · · · · · · · · · · · ·			YES NO 🔝
3	3. NAME OF DECEASED (Type or print) Pauline	Elizabeth	Faulkner	4. DATE OF DEATH J		Day Year 19 19 61
5	s. sex Fem 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Jan.17-1910	9. AGE (I lost bir		AR IF UNDER 24 HRS 3 Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life even if retired)	KIND OF BUSINESS OR INDU	Maryland	r fareign country)	12. CITIZEN	OF WHAT COUNTRY
(T)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
(1)	Thomas E. Lowman		Laur	a Everet	t	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Ins. George	D. Bosti	Address cChurch	Hann N
	18. CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO	ne for (0), (b) and (c).]	aler Pre	lising	ll O	NTERVAL BETWEEN NSET AND DEATH
3	Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause lost. (c)	Chine	- alexhor - My read	eld		
0	PART II. OTHER SIGNIFICANT CONDITIONS	Our cha C	aslhen	14	ION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
- 1	200. ACCIDENT WAS UNDERLYING (100) CONTRIBUTING (100) CAUSE OF DEATH (100) (110) CAUSE OF DEATH (100) CAUSE OF DEA	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Port II of item	18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. p. m. 19 While of wor	_ Not wille for	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(Coun	(Stote
1	21. I certify that I attended the decease alive on	sed fram. 1011 2 			19/2 f, that I last s ses and an the do or 18 km, state)	
1	PHYSICIAN'S C.H. Metcalf	'e	Su	dlersvil	le, Maryl	and
0	220. BURIAL, CREMATION, PROPY 114 STECIFY) FOD. 1	Church Hill		Church	Hill. Mar	(Stote) Vland
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Church Hill	1 - 1 - 1 - 1	BY REGISTRAR 24	b. REGISTRAR'S SIGNA	TURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENC ON A FARM? YES NO D Day Year IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? Millington. INTERVAL BETWEEN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO (County) (Stote) Inquiry X, and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, lown, or county) (Stote) Md. Millington, Kent Co: 24b. REGISTRAR'S SIGNATURE DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55

HYARD TO STADYING CHININAM AND LADING UPATH MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1099 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY **b. COUNTY** MARYLAND deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) **EURAL** and give nearest town) T 3 T C. J C MS V. II d. NAME OF HOSPITAL (If not in hospital, give street address) ed. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE First Middle Last Month DECEASED DEATH (Type or print) BNUBRY 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED | WIDOWED A ic, yes 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) onistic corban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ofter ellan 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO coese (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 BNORENE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from... 19 4 / ta 13 x 10 19 6) that I last saw the deceased and that death accurred at______. M, from the causes and on the date stated above. alive an ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Howt Queenstown 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.:

Months

e. IS RESIDENCE

10

IF UNDER 1 YEAR IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stole)

(State)

(County)

S. Trans

DATE AN 1 6 '61

ON A FARM? YES NO 1

Year

19 6 1



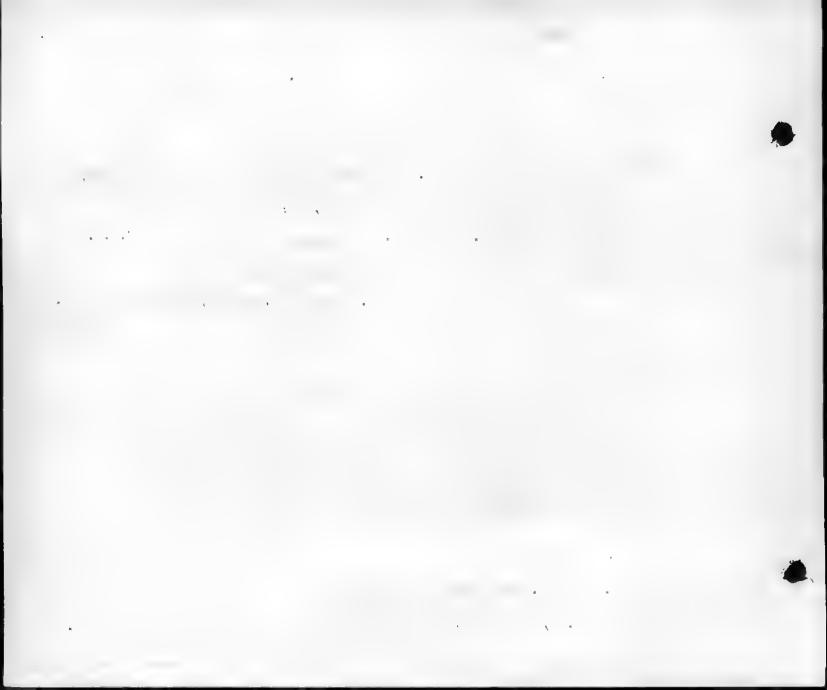
VS A15 (4) 1SM 9/58

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	14
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1100 CERTIFICATE OF DEATH

Dist	Ma	6	1	0	5	

PLACE OF DEATH	n Anne		MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased (lived If institution b. COUNTY		before ode	•
- 70	outside corporate limi	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	ersvill	1			
d NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, g	ive street	address)	d. STREET ADDRESS		1		40	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir John	st	Middle G.	Terling	4. DATE OF DEATH	Mon Januar		Doy 20.	Year 19 61
s sex Male	6 COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	8 DATE OF BIRTH July 6,1879			IF UNDER T		NDER 24 HRS
10g. USUAL OCCUPATIO	N (Give kind of wark a	dane 10b	KIND OF BUSINESS OR INDU		te or fareign cou		1	EN OF WHA	T COUNTRY
Paul Jerli	na			Torrigo	anson				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	44-12-0854 Mi	rs. Eleanore		ng, Sudl		lle, M	íd.
Conditions, if or gove rise to in cause (a), stating I lying couse lost	TH WAS CAUSED BY MMEDIATE CAUSE (o DUE TO	, <u>c</u>	no for (0), (b), and (c)] endiae R lux L 7 Diubela h	out olisa				ONSET A	BETWEEN ND DEATH LOCE
CATIC			CONTRIBUTING TO DEATH BUT				EN IN PART	PER	AS AUTOPSY REORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY HOUF O. M.	MEDICAL EXAMINER) Y Manth, Doy, Yea	or 20d. II While	Nat while fo	ACE OF INJURY (Home, fo	rm, 20f. (City o		(Co	ounty)	(Stote
21. I certify the alive on ACTUAL SIGNATURE	at lattended the	., 12 h	ed from A	, 19.5 9, to 1 occurred at 5 3.8 M.D. Mill	M, fram tl	"1961, he causes an bet, city or town,	d an the	date stat	e decease ted above DATE SIGNE 23/4
22d BURIAL, CREMATION REMOVA, (Specify) Cremation	Jan.24,19		20c. NAME OF CEMETERY CO.	rematory.	Wilmin	ON (City, lawn, o	,,	Del	State)
Eduard -	S SIGNATURE	y	Hellington	m/	c'd by registr an 2 4 '61	AR 24b. REGIS	STRAR'S SIGI		



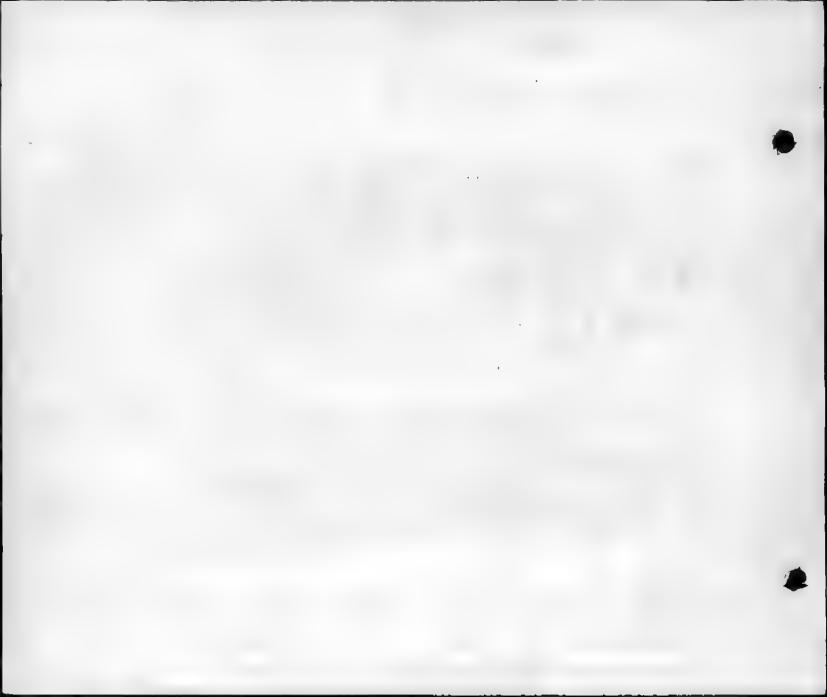
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 110: CERTIFICATE OF DEATH

	110; CERTIFICA	ATE OF DEATH Reg. Dist. No. (308)
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A. A	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	OR INSTITUTION 3. NAME OF DECEASED A Middle	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO [] Last 4. DATE OF Month Day Year
	S. SEX 6. COLOR OR RACE WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 15 15 75 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) () 45 Ter 5 kmg/cer Jecato ed. 13. FATHER'S NAME	11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? LUSA. 14. MOTHER'S MAIDEN NAME
)	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1761, no. or unknown) 11 yes, give wor or doller of learnes) 216+U9-0104 2	NFORMANT Johnson, Cherter, mile
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) BY Conditions, if ony, which gave rise to immediate cosse (o), stoting the under. Lying cause last.	Hemoryluse Interval Between ONSET AND DEATH
	200. ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E
	\$ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) clary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Acq, olive on	occurred at 4 AM, from the causes and on the dote stated above. ADDRESS (Street, city or town, stole) DATE SIGNED M.D. DEP 157 AM AM DEP 157 AM
	220. BURIAL CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 1-29-61 23. BUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTEMN M. C.	CREMATORY CEM 22d LOCATION (City, town, or county) Chester Md. 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE EB 1 '61 Civiling S. There

he funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be reif to by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL

> VS A15 (4) 1SM 9/55



TO HOSPITA

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1102

CERTIFICATE OF DEATH

6.1089 Reg. Dist. No.

PLACE OF DEATH O. COUNTY					2. USUAL RESI	DENCE (Wh	ere deceased	lived If instit		tesidence befa	re admission)	
	en Anne		MARYLA	IND	D SIAIE	Del.		6 COUN	TY Ke	ent	P . 8	
b. CITY OR TOWN (I RURAL and give no	f autside corporate lim	its, write	E. LENGTH OF STAY IN	l 1b	c CITY OR 1	rown (If a	ulside corpo	rate limits, write	RURA	and give nec	orest tawn)	
Barclay	solost lowing				Wyomino	7						
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, (give street	oddress)		d. STREET A	DDRESS			+ 6	1 d h	e IS RESIDER	RM?
Starkey_Nur	sing Home								P	1/4 "	YES N	○ ⊠
3. NAME OF DECEASED	Fi	rst	Middle		Los	1	4. DATE	N	lanth	Da	y Year	
(Type or print)	Mary		Cooper		Jolls	3	DEATH	Janu	ary	1	., 196	1
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF SIRT	Н		9. AGE (In year		INDER 1 YEAR	1	
Female	White	WIDOW	PED DIVORCED		December	29,	1871		rs PAG	inths Days	Hours	Min
100. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	1	2 CITIZEN OF	WHATCOU	UTRY 7
Housework	ang me, cran n tomov		Own Home		Dela	erswe				U.S.A.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Samuel Coo	per				Sarah	Eliza	beth	Jackson				
15 WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	II.	FORMANT	2			ddress			
Yes, no, or unknown)	(If yes, give wor or dates of :	service)	None	Mr	s. Ralph	n Grah	am,	Sudle	rsvi	llle,	Md.	
18. CAUSE OF DEA	ATH [Enter anly one co	use per li	ine far (a), (b), and (c).]			-	01.			INT	ERVAL BETWE	EEN
	TH WAS CAUSED BY:		(Date	- /	Vandes.	1	pela	beelm		ONS	SET AND DE	ATH
441	DUE TO		u_				,					
Conditions, if o	ny, which I''		Claren	e .	Zule	20 auch	1.4					
gove rise to i	mmediate (,	Contract	-	-1	1						
lying couse last.	the <u>under-</u>		Penn		Osi	her	16					
			CONTRIBLTING TO DEAT	H BLT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (SIVEN I	N PART 1(o) 1	9 WAS ALT	OPSY
PART II. OTH			V.S-en-	-	7					(2)	PERFORME YES N	D?
200. ACCIDENT WA	CAUSE OF DEATH	206 -DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature o	f injury in f	ort I or Port	t II of item 18.)				
	MEDICAL EXAMINER)	7)			/							
ZOc. TIME OF INJUR Hour o.m., p. m.	Y Month, Day, Ye	While of wo	Not while		CE OF INJURY (lary, street, affice			or town)		(County)	((State)
21. I certify th	at I attended the	decea	sed from 19	Ey.	195	7. to 17	an	194	/tha	t I last say	v the dece	- CLEAC
alive on	00. 30	. 196	' m /									
divo di LLIGIS			A anaginar a	COM	accorred di			reet, city or tov			/ DATE SI	GNEC
ACTUAL	(N/W	41	elo cell.			Par	·DP	KPIL I	0.	Just	1/3/	4
SIGNATURE		7	The state of the s		A.D	7-125	4 - 125	X C-LA	4		12/	4
PHYSICIAN'S C	. H.Motcalf	е							16 all on the title and			
220 BURIAL, CREMATIO)F	22c. NAME OF CEMETE	ERY OF	CREMATORY		22d LOCAT	ION (City, tow	n, ar co	unly}	(Stote)	
REMOVAL (Specify) Burial	Jan. 4, 19	61	Odd Fellow	s C	emetery		Camd	en,			Del.	
23 EUNERAL DIRECTOR		(ADDRESS,	2	Cm./	24a. REC'I	8Y REGIST	RAR 24b. RE	GISTRA	R'S SIGNATUI	RE	
Edward.	Leklous	1 /	Hellenglo.	ĸ,	Mid.	DATE JA	№ 5 '6	1 (نعوالكرور ر	7 S. Fran	ųl.	

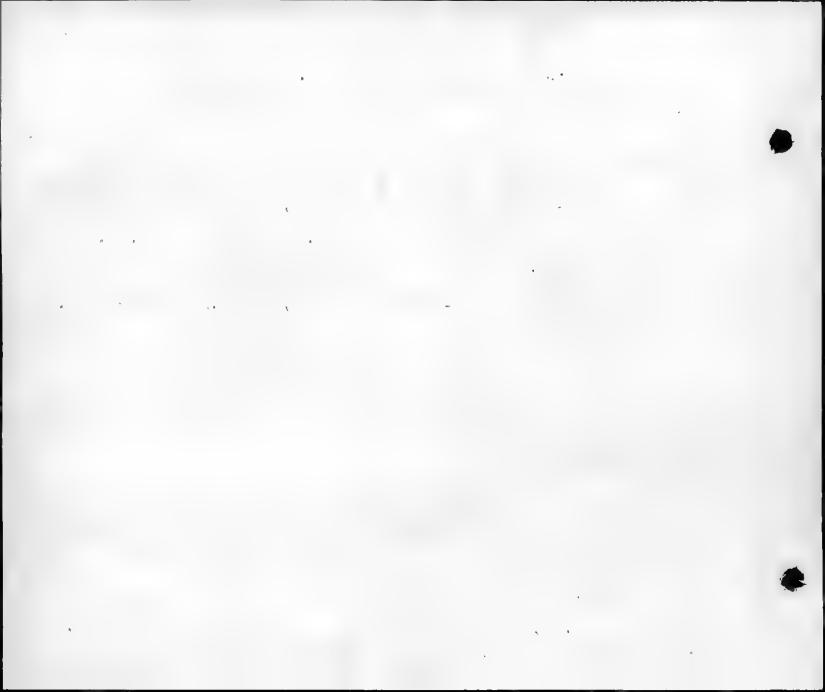


CERTIFICATE OF DEATH

Reg. Dist. No. (19)

	D. COUNTY Queen Anne	м	IARYLAND	2 USUAL RES	SIDENCE (Where	deceased In	b. COUNTY	n Residence	e before Ann	e admissi e	on)
	b CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Rural Millington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington									
	d. NAME OF HOSPITAL (If not in hospital, (OR INSTITUTION	d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \)						FARM?			
	3. NAME OF PION PRINT PR	_	ddle	Lead		DATE OF DEATH	Januar		Day 27		ear 961
1	5. SEX 6. COLOR OR RACE	B. DATE OF BIR	тн	9.	AGE (In years	IF JNDER					
1	Female White	WIDOWED DIVO	OR CED	January	7 14,189	9 6	lost birthdoy) 2 yrs.	Months	Days	Hours	Min.
	10a USUAL OCCUPATION (Give kind of work during most af warking life, even if retired Housewife	SS OR INDUS	ISTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pa. U.S.A.							OUNTRY?	
1	13. FATHER'S NAME			14. MOTHER	'S MAIDEN NAM	ΜE					
J	Unknown Nicklas			Gert	rude Ros	senber	ger				
	15 WAS DECEASED EVER IN U. S. ARMED FOR		'NO II	FORMANT	-		Addr	ess			
	No	218-09-903	35 Che	ester L	each, Hu	ısband	Mil:	lingto	n,	Md.	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.	Degenerati Diabeta	in of relet	the h	ació	escle			10 10	ye ye	
	PART II OTHER SIGNIFICANT CON 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)							EN IN PART		PERFO	NO A
			20e. PL/	ICE OF INJURY	(Home, farm,	20f. (City or		(C	ounly}		(Stote)
	20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m. 19	While Not while	fac	lory, street, off	ice bldg., etc.)						
	21. I certify that I attended the alive an 27 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	deceased from.		accurred a	1, 10 Ja. 4.30 P.M.		7_, 1967, e causes and it, city or lown,	d an the		stated	
f	220. BUR AL, CREMATION, 226. DATE THEREC	OF 22c. NAME OF	CEMETERY OF	CREMATORY	22	d. LOCATIO	N (City, town, o	or county)		(State	e)
	Burial Jan. 31,	1961 Townser	nd Came	etery	1	Cownse	_			el.	
	Edward Selfours	Muleus Muleus	alon	Mil.	240. REC'D B	registra 1 '61		TRAR'S SIG			

VS A1S (4) 1SM 9/5B



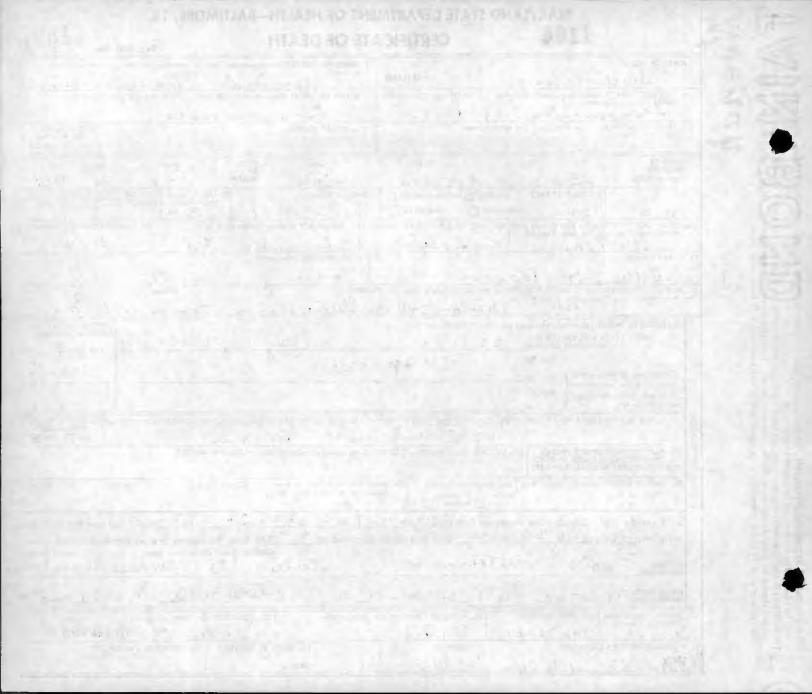
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ion and	carbon	hours ofter death.
physic	move	hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1104 **CERTIFICATE OF DEATH**

			1	T	1)	9	-
ea.	Dist.	No.	10	-	13	0	d

1. PLACE OF DEATH o. COUNTY LUCEU CILLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Name Description b. COUNTY
b. CLY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Leasungelle Leasungelle	c. CITY OR YOWN (If autside carporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type of print) LEWIS ADDISON	MASON DEATH JAN 24 196/
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Valleyman Fashing & Deptember 10b. KIND OF BUSINESS OR INDU	The Reservable Wel 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME Merchent
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. of unknown) [If yes. give year of dotes of service) 212-16-72-46. N	un Galdie Muson Georgensielle Mid
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	rable) months
3 Right Migh	TNOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL While of work at york 19 at york 19	ACE OF INJURY Hame, form, 20f. (City or lown) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased from white the alive on flush and 23, 1961., and that death ACTUAL THOUGHT AUTHORITIES THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THEO FOR SIGNATURE THE SIGNATURE THEO FOR SIGNATURE THEO FOR SIGNATURE THE S	accurred at 3 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Stevens will Maryland Jany 24.19 R. M.D. Stevens will Maryland Jany 24.19
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O PREMOVAL (Specify) An 26-61 Chistuse	OR EREMATORY 22d. LOCATION (City, lown, or county) Way (State)
23, FUNERAL DIRECTOR'S SIGNATURE CALDRESS. CUlturelle M	DATE 240. REC'D. BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CHARGE AND ADDRESS OF THE PROPERTY O



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DECAMENER'S CERTIFICATE OF DEATH Page 4 should be Reg. Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE MARYLAND buriol c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITX OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 lawor testoon origin a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1/2 YES NO A NAME OF 4. DATE Middle Lost Manik Day Year funeral DECEASED DEATH (Type or print) 19 ğ 9. AGE (In yours IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED FUNDER TYEAR 8. DATE OF BIRTH Months Days Hours Min. WIDOWED | DIVORCED YES. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo CI H-OUSE .U 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME 10 Pages Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address IYes, no, or unknown) III yes, give wer or doles of service! Give 01 C 4 INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: with form IMMEDIATE CAUSE (a) olang with fo burial-transit DUE TO Conditions, if any, which pencil gove rise to immediate cause **DUE TO** (a) stating the underlying cause last. b Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPS) o PERFORMED? pesn YES 🗌 NO T 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Exom should cute the fiftigue, writing the ward forworded to the Chief Medical Exon FunERAL DIRECTOR: Page 3 should 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Not while q. m. ol work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection and find that Inquiry Accident , Suicide . death resulted from: Notural causes 12; Undetermined couse Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) 0 961 Woodlawn Cemetery Woodlawn Marvland Buria. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Liberty Heights Ave. Armacost 4600

THE CO-CONTRACTOR CLINICATE OF DEATH STREET, AND THE PARTY OF - A F- ST- WIND TO THE TANK